



**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2018 - JUNE 30, 2019
Deadline: July 12, 2019**

COUNTY OF SAN DIEGO
2019 JUL 11 PM 3:10
CLERK OF THE BOARD
OF SUPERVISORS

1. DEPARTMENT INFORMATION:

Department: Medical Examiner
Division/Unit: Administration/Investigation/Exam Room/Toxicology

2. VOLUNTEER PROGRAM BENEFITS:

a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc).

No. of Vol.	10	Hours	1495	X	\$25.43	=	\$38,017.85
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Types of work performed by GENERAL VOLUNTEERS in this category:

Administration: Filing and special projects.

Investigations: Assisting with John/Jane Doe cases, filing and special projects.

Exam Room: Stocking supplies and special projects.

Toxicology: Filing, cleaning glassware and special projects.

b. INSTITUTIONAL VOLUNTEERS (this section should include honor camp inmates, PIC/RETC, GAIN, etc.)

No. of Vol.		Hours		X	\$25.43	=	\$0.00
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level

<u>Position</u>	<u>Hours</u>	X	<u>VCL</u>	=	<u>Dollar Benefit</u>
Chaplain	1388		\$21.13		\$29,328.44
Epidemiologist	264.5		\$34.50		\$9,125.25
Fingerprint Specialist	1054		\$19.53		\$20,584.62
					\$0.00
					\$0.00

No. of Vol.	3	Total Hours	2,707	Total Value =	\$59,038.31
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

Chaplain: provide peer support internally and at death scenes. Family consent facilitated for research.

Epidemiologist: provides SIDS support and compiles statistical data.

Fingerprint Specialist provides support for the John/Jane Program.

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a.	10	1495	\$38,017.85
2b.	0	0	\$0.00
2c.	3	2,707	\$59,038.31
Total Vol.	13	Hours 4,202	Total Value = \$97,056.16

3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated:	_____	Value:	_____
Item Donated:	_____	Value:	_____
Item Donated:	_____	Value:	_____
Item Donated:	_____	Value:	_____
Item Donated:	_____	Value:	_____

TOTAL VALUE = \$0.00

4. VOLUNTEER PROGRAM COSTS:

a. Cost of supervision of volunteers (total hours of direct supervision multiplied by the hourly rate of staff person (s) directly supervising program volunteers.)

Hours **72** X Rate **\$63.30** = **\$4,557.60**

b. Cost of program coordination (total hours of program coordination multiplied the hourly rate of coordinator(s)). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placement, recognition, etc.)

Hours **36** X Rate **\$40.19** = **\$1,446.84**

c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

<u>Item</u>	<u>Cost</u>
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL OF OTHER PROGRAM COSTS = \$0.00

d. TOTAL OF VOLUNTEER PROGRAM COST = \$6,004.44
(add 4a, 4b, and 4c)

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<u>\$97,056.16</u>
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	<u>\$0.00</u>
c. Subtract Total of Program Costs, Item 4d (Page 3)	<u>\$6,004.44</u>

TOTAL PROGRAM BENEFIT

\$91,051.72

6. RECRUITING:

Please describe your recruiting programs:

COSD Website; Medical Examiner website and contact with local colleges. All volunteers recruited are from specialized fields that benefit our department.

7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:

Please describe any special activities and/or achievements your program was involved in during the period of this report:

8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2019-20:

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

Continue to build a volunteer workforce to supplement our staffing level and provide customer service to our next of kin.

9. GENERAL INFORMATION:

Name of person completing report: Theresa Liget
Phone: (858) 694-3072 Mail Stop: O10 E-Mail: Theresa.Liget@sdcounty
Volunteer Coordinator: Guadalupe Giraldo
Phone: (858) 694-2894 Mail Stop: O10 E-Mail: Guadalupe.Giraldo@sdc

10. DEPARTMENT CERTIFICATION:



DEPARTMENT HEAD SIGNATURE

7/11/2019

DATE